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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	421/117 PCT/US
First Named Inventor	DeSimone
COMPLETE IF KNOWN	
Application Number	
Filing Date	March 21, 2006
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHOTOCURABLE PERFLUOROPOLYETHERS FOR USE AS NOVEL MATERIALS IN MICROFLUIDIC DEVICES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

09/23/2004

as United States Application Number or PCT International

Application Number

PCT/US2004/031274

and was amended on
(MM/DD/YYYY)

11/10/2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
			YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/US2004/031274	WIPO	09/23/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60/505,384	US	09/23/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60/524,788	US	11/21/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION – Utility or Design Patent Application

Direct all correspondence to: The address associated with Customer Number: 25297 OR Correspondence address below

Name
Arles A. Taylor, Jr.

Address
Suite 1200, University Tower, 3100 Tower Boulevard

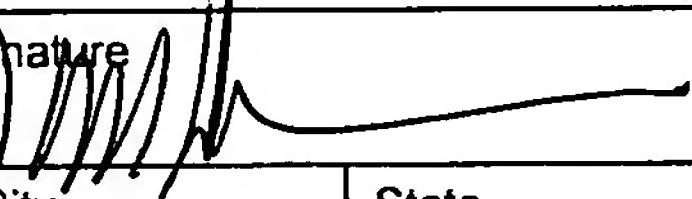
City Durham	State NC	ZIP 27707
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Country USA	Telephone 919-493-8000	Email ataylor@jwth.com
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Joseph M.	Family Name or Surname DeSimone
---	------------------------------------

Inventor's Signature 	Date 4/13/07
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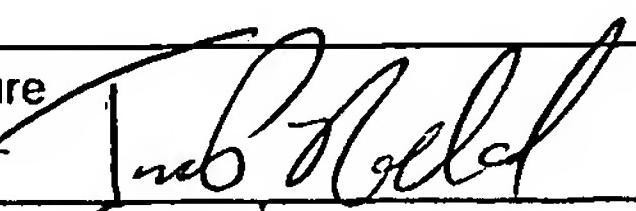
Residence: City Chapel Hill	State NC	Country US	Citizenship US
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Mailing Address
7315 Crescent Ridge Drive

City Chapel Hill	State NC	Zip 27516	Country US
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Jason P.	Family Name or Surname Rolland
--	-----------------------------------

Inventor's Signature 	Date 05-APR-2007
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Residence: City Durham	State NC	Country US	Citizenship US
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Mailing Address
102 Hollow Oak Drive

City Durham	State NC	Zip 27713	Country US
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Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page _____ of _____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen R.		Quake	
Inventor's Signature		Date	
Residence: City New York	State NY	Country US	Citizenship US
120 W. 15th Street, #6F			
Mailing Address			
City New York	State NY	Zip 10011	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Derek A.		Schorzman	
Inventor's Signature			Date 4/5/07
Residence: City Chapel Hill	State NC	Country US	Citizenship US
Campus Box 3290, Venable Hall			
Mailing Address			
City Chapel Hill	State NC	Zip 27599	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jason		Yarbrough	
Inventor's Signature			Date
Residence: City Chapel Hill	State NC	Country US	Citizenship US
103 Dickens Court, No. 6			
Mailing Address			
City Chapel Hill	State NC	Zip 27514	Country US

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Page _____ of _____			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen R.		Quake	
Inventor's Signature			
Residence: City New York	State NY	Country US	Citizenship US
120 W. 15th Street, #6F			
Mailing Address			
City New York	State NY	Zip 10011	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Derek A.		Schorzman	
Inventor's Signature			
Residence: City Chapel Hill	State NC	Country US	Citizenship US
Campus Box 3290, Venable Hall			
Mailing Address			
City Chapel Hill	State NC	Zip 27599	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jason		Yarbrough	
Inventor's Signature			
Residence: City Chapel Hill Spartanburg	State NC SC	Country US	Citizenship US
103 Dickens Court, No. 8 410 Melbourne Lane			
Mailing Address			
City Chapel Hill Spartanburg	State NC SC	Zip 27514-29301	Country US

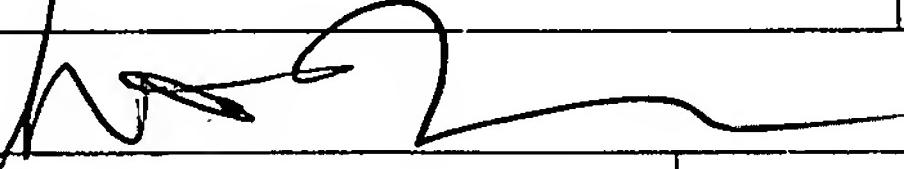
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Given Name (first and middle [if any])		Family Name or Surname	
Stephen R. 		Quake	
Inventor's Signature		Date 5/7/07	
Residence: City Stanford	State CA	Country US	Citizenship US
636 Alvarado Row Mailing Address			
City Stanford	State CA	Zip 94305	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Derek A.		Schorzman	
Inventor's Signature		Date	
Residence: City Chapel Hill	State NC	Country US	Citizenship US
Campus Box 3290, Venable Hall Mailing Address			
City Chapel Hill	State NC	Zip 27599	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Jason		Yarbrough	
Inventor's Signature		Date	
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City Chapel Hill	State NC	Zip 27514	Country US

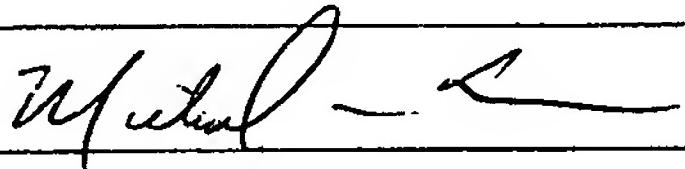
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Supplemental Sheet**

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		Van Dam	
Inventor's Signature			
Date	2007-05-07		
Residence: City Glendale	State CA	Country US	Citizenship CA
1630 Calle Vaquero # 408			
Mailing Address			
City Glendale	State CA	Zip 91206	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Date			
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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